

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION OF PARENT FOR CUSTODY OF SURRENDERED NEWBORN CHILD	CASE NO.
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In the matter of _____, a surrendered newborn child
 Full name of child

1. I am the ☐ mother ☐ father of the above named newborn child born on _____ at _____
 Date of birth

Location of birth

2. The newborn was surrendered to _____, an emergency services provider
 Name of emergency services provider (indicate if unknown)

located at _____
 Street address, city, and county of emergency services provider

The surrender was made by the ☐ mother ☐ father on _____, less than 28 days from filing this petition.
 Date

3. ☐ The newborn is located in _____ County, Michigan.

☐ I do not know where the child is presently located.

4. Mother of newborn: _____ Date of birth: _____
 Name

Street address, city, state, zip and county

Father of newborn: _____ Date of birth: _____
 Name

Street address, city, state, zip and county

5. I wish to revoke surrender of my child and release of parental rights, if any.

I REQUEST:

6. That I be given custody of the child and that blood or tissue typing be ordered upon filing of this petition.

7. Other:

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

 Date

 Signature of petitioner

 Signature of petitioner

 Name (type or print) Bar no.

 Name (type or print)

 Address

 Address

 City, state, zip Telephone no.

 City, state, zip Telephone no.

Do not write below this line - For court use only